Fill in this inform	nation to identify				
Debtor 1	Melissa First Name	L. Middle Name	Garcia Last Name	Che	ck if this is:
Debtor 2 (Spouse, if filing)	First Name	Middle Name	Last Name	 ✓	An amended filing
United States Bankruptcy Court for the:		EASTERN DISTRICT OF TEXAS			A supplement showing postpetition chapter 13 income as of the following date:
Case number (if known)	16-40346				MM / DD / YYYY

Official Form 106I

Schedule I: Your Income

12/15

Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

P	art 1: Describe Empl	oyment							
1.	Fill in your employment information.	Debtor 1				Debtor 2 or non-filing spouse			
	If you have more than one job, attach a separate page with information about	Employment status	_	Employed lot employed			☑ Empl	oyed	
	additional employers.	Occupation	IT				IT		
	Include part-time, seasonal, or self-employed work.	Employer's name	IT Lo	gic Partners	, LLC		IT Logic	Partners, LLC	
	Occupation may include student or homemaker, if it applies.	Employer's address		North Dallas	Parkw	vay, Suite 20	6860 Nor	rth Dallas Parkw reet	ay, Suite 2
			——Pland)	TX	75024	Plano	тх	75024
			City		State	Zip Code	City	State	Zip Code
		How long employed the	here?	2 Years		_	<u>5 Y</u>	ears	_

Part 2: Give Details About Monthly Income

Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated.

If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.

For Debtor 1

For Debtor 2 or

				non-filing spouse
2.	List monthly gross wages, salary, and commissions (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be.	2.	\$3,040.89	\$10,404.16
3.	Estimate and list monthly overtime pay.	3. +	\$0.00	\$0.00
4.	Calculate gross income. Add line 2 + line 3.	4.	\$3,040.89	\$10,404.16

Deb	otor 1 Melissa L. Garcia		Case num	nber (if known) 16-4	0346
		F	For Debtor 1	For Debtor 2 or non-filing spouse	
	Copy line 4 here	4.	\$3,040.89	\$10,404.16	-
5.	List all payroll deductions:				
	5a. Tax, Medicare, and Social Security deductions	5a.	\$875.77	\$3,345.83	
	5b. Mandatory contributions for retirement plans	5b.	\$0.00	\$0.00	
	5c. Voluntary contributions for retirement plans	5c.	\$0.00	\$0.00	
	5d. Required repayments of retirement fund loans	5d.	\$0.00	\$0.00	
	5e. Insurance	5e.	\$0.00	\$0.00	
	5f. Domestic support obligations	5f.	\$0.00	\$0.00	
	5g. Union dues	5g.	\$0.00	\$0.00	
	5h. Other deductions. Specify:	_ 5h. +	\$0.00	\$0.00	
6.	Add the payroll deductions. Add lines $5a + 5b + 5c + 5d + 5e + 5f + 5g + 5h$.	6.	\$875.77	\$3,345.83	
7.	Calculate total monthly take-home pay. Subtract line 6 from line 4.	7.	\$2,165.12	\$7,058.33	
8.	List all other income regularly received:				
	8a. Net income from rental property and from operating a business, profession, or farm	8a.	\$0.00	\$0.00	
	Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.				
	8b. Interest and dividends	8b.	\$0.00	\$0.00	
	8c. Family support payments that you, a non-filing spouse, or a dependent regularly receive	8c.	\$0.00	\$0.00	
	Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.				
	8d. Unemployment compensation	8d.	\$0.00	\$0.00	
	8e. Social Security	8e.	\$0.00	\$0.00	
	8f. Other government assistance that you regularly receive Include cash assistance and the value (if known) or any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies.				
	Specify:	8f.	\$0.00	\$0.00	
	8g. Pension or retirement income	– 8g.	\$0.00	\$0.00	
	8h. Other monthly income.	- 3		<u> </u>	
	Specify: Average Bonus	_ ^{8h.} +	\$0.00	\$11,250.00	
9.	Add all other income. Add lines 8a + 8b + 8c + 8d + 8e + 8f + 8g + 8h.	9.	\$0.00	\$11,250.00	
10.	Calculate monthly income. Add line 7 + line 9. Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filling spouse.	10.	\$2,165.12	+ \$18,308.33	\$20,473.45
11.	State all other regular contributions to the expenses that you list in Sinclude contributions from an unmarried partner, members of your house friends or relatives.			r roommates, and othe	er
	Do not include any amounts already included in lines 2-10 or amounts the			expenses listed in Scho	edule J.
	Specify:			11	F \$0.00
12.	Add the amount in the last column of line 10 to the amount in line 11 income. Write that amount on the Summary of Your Assets and Liabilitie if it applies.				\$20,473.45 Combined
	ιι ιι αργιίου.				monthly income

Deb	otor 1	N	/lelissa L	Garcia	Case number (if known)	16-40346
13.	Do	you e	xpect an	increase or decrease within the year after you file this form?		
		No.		Debtor's spouse receives a quarterly bonus from his con	npany ranging between	\$35,000 - \$55,000.
	$\overline{\mathbf{V}}$	Yes.	Explain:			

Fil	I in this inforn	nation to ide	entify yo	our case:			CI-	ok it #F.	o io:	
П	ebtor 1	Melissa	ı		Garc	ia		ck if thi	s is: ended filing	
		First Name	N	Middle Name	Last Na			A supp	plement showing or 13 expenses a	
	ebtor 2 Spouse, if filing)	First Name	N	/liddle Name	Last Na	ame			ng date:	S OI THE
U	Inited States Bankı	ruptcy Court for	the: E	ASTERN DIST	RICT OF	TEXAS		MM / E	DD / YYYY	_
_	case number f known)	16-40346								
Off	icial Form 10)6J								
Scl	hedule J: Yo	our Expen	ses							12/1
corre name	ect information. I e and case numb	f more space i	s needed Answer e	, attach anothe every question.	er sheet to	ling together, both a this form. On the to				
	Is this a joint cas		uscrioit	-						
2.	_ No	Debtor 2 live in s. Debtor 2 mu		te household?		es for Separate House	hold o	f Debtor	2.	
	Do not list Debtor Debtor 2.		Yes.	Fill out this infeach dependent		Dependent's relat Debtor 1 or Debto		p to	Dependent's age	Does dependen live with you?
									10	□ No - ☑ Yes
	Do not state the denames.	ependents'							12	□ No □ Ves
									14	□ No □ Yes
										No Yes No Yes
	Do your expense expenses of peopyourself and you	ple other than		No Yes						
Pa	rt 2: Estima	ate Your On	going N	onthly Exp	enses					
to re		of a date after	the bank			are using this form a a supplemental Scho				
	ide expenses paid n assistance and l		_		-	u know the value of cial Form 106I.)			Your expens	ses
	The rental or hon Include first mortg	-	-	-					4	\$3,275.00
	If not included in	line 4:								
	4a. Real estate ta	axes							4a	
	4b. Property, hor	meowner's, or re	enter's ins	urance					4b	
	4c. Home mainte	enance, repair,	and upke	ep expenses					4c	\$150.00
	4d Homeowner's	s association or	condomi	nium dues					4d	

Deb	otor 1 Melissa L. Garcia	Case number (if known)	16-40346
		Your e	expenses
5.	Additional mortgage payments for your residence, such as home equity loans	5	\$489.00
6.	Utilities:		
	6a. Electricity, heat, natural gas	6a	\$350.00
	6b. Water, sewer, garbage collection	6b	\$180.00
	 Telephone, cell phone, Internet, satellite, and cable services 	6c	\$320.00
	6d. Other. Specify:	6d	
7.	Food and housekeeping supplies	7	\$1,100.00
8.	Childcare and children's education costs	8	
9.	Clothing, laundry, and dry cleaning	9.	\$150.00
10.	Personal care products and services	10	\$100.00
11.	Medical and dental expenses	11	\$220.00
12.	Transportation. Include gas, maintenance, bus or train fare. Do not include car payments.	12	\$500.00
13.	Entertainment, clubs, recreation, newspapers, magazines, and books	13	\$100.00
14.	Charitable contributions and religious donations	14	
15.	Insurance. Do not include insurance deducted from your pay or included in lines 4 or 20.		
	15a. Life insurance	15a	
	15b. Health insurance	15b	
	15c. Vehicle insurance	15c	\$240.00
	15d. Other insurance. Specify:	15d	
16.	Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. Specify:	16.	
17.	Installment or lease payments:		
	17a. Car payments for Vehicle 1 Truck Payment	17a	\$663.00
	17b. Car payments for Vehicle 2	17b	
	17c. Other. Specify:	17c	
	17d. Other. Specify:	17d	
18.	Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I).	18	
19.	Other payments you make to support others who do not live with you. Specify:	19.	

Deb	tor 1	Melissa L. Garcia	Case number (if known)	<u>16-40346</u>
20.		r real property expenses not included in lines 4 or 5 of this form or on dule I: Your Income.		
	20a.	Mortgages on other property	20a	
	20b.	Real estate taxes	20b	
	20c.	Property, homeowner's, or renter's insurance	20c	
	20d.	Maintenance, repair, and upkeep expenses	20d	
	20e.	Homeowner's association or condominium dues	20e	_
21.	Othe	r. Specify:	^{21.} + _	
22.	Calcu	alate your monthly expenses.		
	22a.	Add lines 4 through 21.	22a	\$7,837.00
	22b.	Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2.	22b	_
	22c.	Add line 22a and 22b. The result is your monthly expenses.	22c	\$7,837.00
23.	Calcu	ulate your monthly net income.		
	23a.	Copy line 12 (your combined monthly income) from Schedule I.	23a	\$20,473.45
	23b.	Copy your monthly expenses from line 22c above.	23b. _ _	\$7,837.00
	23c.	Subtract your monthly expenses from your monthly income. The result is your monthly net income.	23c	\$12,636.45
24.	Do yo	ou expect an increase or decrease in your expenses within the year after you	file this form?	
		xample, do you expect to finish paying for your car loan within the year or do you e ent to increase or decrease because of a modification to the terms of your mortga		
	☑ 1	No.		
		Yes. Explain here: None.		
		Notice.		

Fill in this information to identify your case:							
Debtor 1	Melissa First Name	L. Middle Name	Garcia Last Name				
Debtor 2 (Spouse, if filing)	First Name	Middle Name	Last Name				
United States Bar	nkruptcy Court for the	EASTERN DISTR	ICT OF TEXAS				
Case number (if known)	16-40346						

✓ Check if this is an amended filing

Official Form 106Dec

Declaration About an Individual Debtor's Schedules

12/15

If two married people are filing together, both are equally responsible for supplying correct information.

You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Sign Below								
Did you pay or agree to pay someone who is NOT an attorney to help you fill out bankruptcy forms?								
☑ No								
Yes. Name of person	Attach Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119).							
Under penalty of perjury, I declare that I have read the summary and schedules filed with this declaration and that they are true and correct.								
X /s/ Melissa L. Garcia Melissa L. Garcia, Debtor 1	X Signature of Debtor 2							
Date <u>02/14/2017</u> MM / DD / YYYY	Date MM / DD / YYYY							

UNITED STATES BANKRUPTCY COURT EASTERN DISTRICT OF TEXAS SHERMAN DIVISION

IN RE:	Melissa L. Garcia	CASE NO.	16-40346

CHAPTER 13

Certificate of Service

This is to certify that a true and correct copy of the Foregoing Amended Schedule I&J were served upon the following parties in interest by mailing a copy of same to them via first class mail:

Date: 2/14/2017 /s/ Joyce Lindauer

Joyce Lindauer

Attorney for the Debtor(s)

Label Matrix for local noticing Case 16-40346 Doc 50 Filed 02/14/17 Entered 02/14/17 16:47:52 Desc Main Document Page 9 of 10 Anneuser-Bush 0540-4 Anheuser Busch Employees Credit Union Case 16-40346 1001 Lynch St Eastern District of Texas St Louis MO 63118-1803 Sherman

1001 Lynch St. Saint Louis, MO 63118-1818

Attorney General of Texas Barrett Daffin Frappier Turner & Engel, Bankruptcy Division 15000 Surveyor Blvd,. Suite 100 PO Box 12548 Addison, TX 75001-4417 Austin, TX 78711-2548

(p)CAPITAL ONE PO BOX 30285 SALT LAKE CITY UT 84130-0285

Chase PO Box 15298 Wilmington, DE 19850-5298

Tue Feb 14 16:45:03 CST 2017

Chase PO Box 24696 Columbus, OH 43224-0696

(p)TEXAS COMPTROLLER OF PUBLIC ACCOUNTS REVENUE ACCOUNTING DIV - BANKRUPTCY SECTION PO BOX 13528 AUSTIN TX 78711-3528

Carey D. Ebert P. O. Box 941166 Plano, TX 75094-1166

Edward Garcia 3317 Wolfe Ct. Plano, TX 75025-5365 Edward R. Garcia 3317 Wolfe Court Plano, TX 75025-5365

Melissa L. Garcia 3317 Wolfe Ct. Plano, TX 75025-5365 Internal Revenue Service Centralized Insolvency PO Box 7346 Philadelphia, PA 19101-7346 Internal Revenue Service Mail Code DAL-5020 1100 Commerce Street Dallas, Texas 75242-1100

JP Morgan Chase Bank, N.A. Chase Records Center Mail Code LA4-5555 700 Kansas Ln. Monroe, LA 71203-4774

JPMorgan Chase Bank, National Association Attn: Correspondence Mail Mail Code LA4-5555 700 Kansas Lane Monroe, LA 71203-4774

Janna L. Countryman PO Box 941166 Plano, TX 75094-1166

Joyce W. Lindauer 12720 Hillcrest Road Suite 625 Dallas, TX 75230-2163

Linebarger Goggan Blair & Sampson 2777 N. Stemmons Freeway Suite 1000 Dallas, TX 75207-2328

MASTR Asset Securitization Trust c/o PNC Bank, N.A. 3232 Newmark Dr. Miamisburg, OH 45342-5421

R. Christopher Naylor Devlin, Naylor & Turbyfill 5120 Woodway, Suite 9000 Houston, TX 77056-1725

PNC Mortgage 3232 Nemark Dr. Miamisburg, OH 45342-5433 PNC Mortgage 6 N. Main St. Dayton, OH 45402-1908

(p)PORTFOLIO RECOVERY ASSOCIATES LLC PO BOX 41067 NORFOLK VA 23541-1067

Portfolio Recovery Services POB 41067 Norfolk, VA 23541-1067

Texas Workforce Commission 101 East 15th Street Austin, TX 78778-0001

Steve Turner Barrett Daffin Frappier Turner & Engel 3809 Juniper Trace, Suite 205 Austin, TX 78738-5538

U. S. Attorney 110 N. College Ave. Suite 700 Tyler, TX 75702-0204 U. S. Trustee's Office 110 N. College Street Suite 300 Tyler, TX 75702-7231

U.S. Attorney General
Department of Justice
Main Justice Building

Case 16-40346
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C/o BDFTE, LLP
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15000 Surveyor Blvd Suite 100

15000 Surveyor Blvd Suite 100 Addison, TX 75001-4417

Office of the U.S. Trustee 110 N. College Ave. Suite 300 Tyler, TX 75702-7231

Yoshie Valadez McCarthy Holthus - Texas, LLP 1255 W. 15th St. Ste. 1060 Plano, TX 75075-4220

10th & Constitution Ave., NW

Washington, DC 20530-0001

Wells Fargo Bank PO Box 19657 Irvine, CA 92623-9657 Wells Fargo Bank N.A., d/b/a Wells Fargo Dea PO Box 19657
Irvine, CA 92623-9657

Wells Fargo Dealer Services PO Box 1697

Winterville, NC 28590-1697

Donna Wilkinson Barrett Daffin Frappier Turner & Engel 15000 Surveyor Blvd. Addison, TX 75001-4417

The preferred mailing address (p) above has been substituted for the following entity/entities as so specified by said entity/entities in a Notice of Address filed pursuant to 11 U.S.C. 342(f) and Fed.R.Bank.P. 2002 (g)(4).

Capital One PO Box 85520 Richmond, VA 23285 Comptroller of Public Accts Rev Acctg Div/Bankruptcy Dept PO BOX 13528 Austin, TX 78711 Portfolio Recovery Associates, LLC POB 41067 Norfolk VA 23541

The following recipients may be/have been bypassed for notice due to an undeliverable (u) or duplicate (d) address.

(d)Carey D. Ebert P. O. Box 941166 Plano, TX 75094-1166

(u)PNC Bank, National Association

(u) Wells Fargo Bank, N.A., dba Wells Fargo De

End of Label Matrix
Mailable recipients 37
Bypassed recipients 3
Total 40